

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	201841US2
	First Inventor or Application Identifier	Mitsuo INOUE, et al.
	Title	IMAGING APPARATUS
	Assignee Name. MITSUBISHI DENKI KABUSHIKI KAISHA	
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APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Specification Total Sheets 30	7. <input type="checkbox"/> Assignment Papers (cover sheet & document)
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 13 Formals	8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/>	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 16 completed)	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>	12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)	15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
b. Specification or Sequence Listing on:	16. <input checked="" type="checkbox"/> Other: List of Inventors' Names and Addresses
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.: _____

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. _____ Filed on _____

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. _____ Filed _____

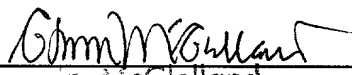
19. CORRESPONDENCE ADDRESS



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Docket No. 201841US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Mitsuo INOUE, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMAGING APPARATUS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	5 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$840.00
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☒ A check in the amount of \$840.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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Date: 1/9/01


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